

Personal Lines Examination Exemption Request

Form #LIC.PL1 (Rev 08/2001)

Producer Licensing Bureau

320 Capitol Mall

Sacramento, CA 95814-4309

Information (800) 967-9331 or (916) 322-3555

www.insurance.ca.gov

This form is to be completed for each applicant seeking an exemption from taking the Personal Lines Broker-Agent Examination. This form must accompany a completed Individual Application (Form 441-9) and include the applicable filing fees. **This form will only be accepted with those applications submitted prior to January 1, 2002.**

To qualify for an exemption from taking the Personal Lines Broker-Agent Examination, the applicant must meet the following criteria:

- (A) Be continuously employed by one admitted insurer or licensed fire and casualty broker-agent in a full-time position for at least three years prior to January 1, 2001.
- (B) Have experience with the personal lines products to be transacted (i.e. automobile insurance, personal watercraft, residential insurance including earthquake and flood insurance and umbrella or excess liability insurance).
- (C) Not previously been denied a license or had a license suspended or revoked by the Insurance Commissioner.

Please note: Although the applicant may receive an exemption from taking the Personal Lines Broker-Agent Examination, the approval of this exemption **does not** exempt an applicant from taking the required 20-hour Personal Lines Prelicensing Course and 12 hours of ethics and California Code of Regulations prelicensing course. (California Insurance Code Section 1749 (b)).

ALL ENTRIES, EXCEPT SIGNATURES, MUST BE TYPED OR CLEARLY PRINTED

1	APPLICANT NAME: Last: _____ First: _____ Middle: _____
2.	IDENTIFICATION INFORMATION: Social Security Number* _____ - _____ - _____
3.	EMPLOYMENT HISTORY WITH THE COMPANY OR AGENCY. Starting Date: _____. Departure Date (if applicable): _____ Name of the Agency or Company: _____ California Insurance License or NAIC Number:** _____
4.	EMPLOYER CERTIFICATION: I CERTIFY UNDER PENALTY OF PERJURY THE ABOVE NAMED APPLICANT HAS BEEN CONTINUOUSLY EMPLOYED IN A FULL-TIME POSITION BY THIS COMPANY/AGENCY FOR AT LEAST THREE YEARS PRIOR TO JANUARY 1, 2001; AND, THAT THE APPLICANT'S WORK EXPERIENCE HAS PROVIDED THE APPLICANT WITH TRAINING AND A WORKING KNOWLEDGE OF PERSONAL LINES INSURANCE COVERAGE TO BE TRANSACTED. SIGNATURE (An Officer or Partner must sign): _____ NAME : _____ <div style="text-align: center;">(Please type or print)</div> TITLE: _____ CITY _____ DATE: _____

* Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and the Federal Privacy Act of 1974, §§7(a)(2)(B) and 7(b).

** If an agency is listed, please provide the California license number. If a company is listed, please provide the NAIC Number.